

SDMS US EPA REGION V

FORMAT- OVERSIZED - 5

IMAGERY INSERT FORM

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SITE NAME	CHEMICAL RECOVERY		
DOC ID #	145879		
DESCRIPTION OF ITEM(S)	MAP		
REASON WHY UNSCANNABLE	<input checked="" type="checkbox"/> X OVERSIZED	OR	<input type="checkbox"/> FORMAT
DATE OF ITEM(S)	NONE		
NO. OF ITEMS	1		
PHASE	SAS		
PRP	RMD - CHEMICAL RECOVERY		
PHASE (AR DOCUMENTS ONLY)	<input type="checkbox"/> Remedial <input type="checkbox"/> Removal <input type="checkbox"/> Deletion Docket <input type="checkbox"/> AR <input type="checkbox"/> Original <input type="checkbox"/> Update # <input type="checkbox"/> Volume <input type="checkbox"/> of <input type="checkbox"/>		
O.U.			
LOCATION	Box # Folder # Subsection		
COMMENT(S)			
PLATE NO. 2			